

Southern Water Treatment, Inc.Better Chemicals. Better Pricing. Better Treatment.

| Company Name | | | | | |
|--------------------------|-----------------------|---------------------|--------------------|-------------|--|
| Partnership | Individual | Corporation | 1 | | |
| Federal ID # | | - | | | |
| Billing Address | | | | • | |
| | City: | | State: | Zip: | |
| | County: | | Country: | • | |
| | Phone: | | Fax: | | |
| | | | • | | |
| Shipping Address | | | | | |
| | City: | | State: | Zip: | |
| | County: | | Country: | • | |
| | Phone: | | Fax: | | |
| | | | • | | |
| Contacts | Plant Manager: | | | | |
| | Phone: | | Email: | | |
| | • | | | | |
| | Waste Treatme | nt: | | | |
| | Phone: | | Email: | | |
| | | | | | |
| | Purchasing Cont | tact: | | | |
| | Phone: | | Email: | | |
| | | | | | |
| | Accounts Payab | le: | | | |
| | Phone: | | Email: | | |
| | | | • | | |
| Please indicate if you | r facility has any of | the following qua | lity certification | s: | |
| | ISO-9000 | QS-9000 | ISO-1400 | | |
| | If other, please | list: | • | • • | |
| | | | | | |
| | | | | | |
| Are you exempt from | sales and use tax? | | Yes | No | |
| • | | | | • | |
| If your company is no | ot tax exempt, pleas | se indicate what th | ne current tax ra | ate is here | |
| If you are tax exempt | | | | | |
| · ' | | | | | |
| If you are freight colle | ect please provide i | name of carrier: | | | |
| , 5 | . , | | | | |
| | | | | | |
| Would you like to pay | by credit card (VIS | SA/MC/AMEX only | /)? | Yes N | |
| zana jeu me te pu | Card # | · , 2, 2. 3111 | Exp. Date | 1.22 | |
| | 1 | | 1 1 | | |

| | | | | _ | | | |
|---|-------------------------------|-------------------|----------------------------------|--|--|--|--|
| Trade References | Company Name: | | | | | | |
| 1 | Contact Name: | | | | | | |
| | Phone: | | Email: | | | | |
| | Address: | | | | | | |
| | | | | | | | |
| | Fax: | | | | | | |
| | | | | | | | |
| 2 | Company Name: | | | | | | |
| | Contact Name: | | | | | | |
| | Phone: | | Email: | 1 | | | |
| | Address: | | | | | | |
| | | | | 1 | | | |
| | Fax: | | | | | | |
| | | | | | | | |
| 3 | 3 Company Name: Contact Name: | | | | | | |
| | | | | | | | |
| | Phone: | | Email: | 1 | | | |
| | Address: | | | | | | |
| | | | | 1 | | | |
| | Fax: | | | <u>, </u> | | | |
| | | | | | | | |
| Our terms are Net 30 | days from the date of | the invoice. Will | you be able to meet these terms? | | | | |
| | Yes No | | | | | | |
| | | | | | | | |
| Authorized Signature: | | | | | | | |
| Title: | | | | | | | |
| Date: | | | | | | | |
| | | | | | | | |
| Please print and fax t | he completed form to 8 | 864-295-5414. | | | | | |
| | | | | | | | |
| Thank you for considering Southern Water Treatment for your waste water needs! | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2806 WHITE HORSE ROAD • GREENVILLE, SC 29611 • 864-295-5400 • FAX: 864-295-5414 | | | | | | | |